RPB CAREER DEVELOPMENT AWARD

2025 Guidelines and Instructions

DEADLINES*
Nomination Form: December 15, 2024, for January 2025 deadline
June 15, 2025, for July 2025 deadline

Application: January 10, 2025 (awarded in June)
July 1, 2025 (awarded in December)
*If the deadline falls on a weekend or holiday, please consider the deadline to be the following business day.

DESCRIPTION

Career Development Award: $350,000 payable over four (4) years, $75,000 a year for the first and second payments with the third and fourth payments ($100,000 each) contingent upon approval of 20-month substantive progress report.

The RPB Career Development Award (CDA) helps RPB-supported ophthalmology Chairs support junior faculty who have demonstrated their potential for independent research. A detailed mentoring plan for the candidate is an important part of this award. This plan must be clearly defined in the Chair's statement. Up to eight (8) Career Development Awards will be given in 2025.

> ➢ **The RPB Career Development Award** will not have a specific focus and is open to any topic within vision research.

Awardees will be required to submit a substantive progress report after 20 months. This report will be peer-reviewed by esteemed researcher and subsequent third and fourth payments are contingent upon approval of this report.

If granted the full $350,000, awardees will be required to expend the award within four (4) years. Otherwise, the awardee is required to expend the initial $150,000 award payment within three (3) years.

Grant disbursement will be made electronically. IRB approval, if applicable, will be required before funds are disbursed. Two-year grant disbursement of $150,000 is contingent upon the execution of RPB's Letter of Agreement. Third- and fourth-year grant disbursements are contingent upon continuation of the executed Letter of Agreement AND approval of substantive progress report.

All RPB grants must remain free of institutional overhead and indirect costs. The Career Development Award is not transferable to other individuals or other institutions. Should the awardee leave the department of ophthalmology, the department must return any unspent funds. Any equipment purchased with RPB funds is the property of the Department of Ophthalmology.

ELIGIBILITY

➢ RPB-supported ophthalmology Chairs may nominate one candidate per department whose primary appointment is in ophthalmology and whose primary lab space is under ophthalmology's jurisdiction. Interim or acting Chairs cannot nominate a candidate for this award.

➢ Candidates must hold a primary academic position up to and including Assistant Professor. Candidates must be either U.S. citizens or permanent residents (green card holder) by the application deadline. Previous recipients of this grant are ineligible.

➢ The candidate's first full-time ophthalmology faculty appointment must have been within three (3) years of the application deadline. Candidates must be full-time faculty in their nominating ophthalmology department by the application deadline.

- At the application deadline, the candidate cannot currently have or had an R01 or an award through a DP mechanism as a Principal Investigator. Candidates with *pending* R01s or awards through a DP mechanism are eligible.

- MDs and MD/PhDs must devote at least 50% of their time to research activities, with 60% desirable, as opposed to teaching or medical practice.

- PhD faculty are no longer required to have a secondary appointment in a basic science or other relevant department prior to submission of the proposal; however, a secondary appointment is recommended. This does not apply to MDs or MD/PhDs.

- Any previous RPB individual grants to the candidate must be fully spent and recognized as *terminated* by RPB before an individual researcher may apply for another RPB grant. This only applies to the candidate and not to the mentors and/or collaborators.

REPORTING REQUIREMENTS

All reporting requirements relate to research conducted with the Career Development Award:

- Summary report (annually, due each November the award is active).
- Bibliography (annually, due each January).
- Photo (one-time, due first January the award is active).
- Financial report (annually, due each January the award is active).
- Substantive 20-month progress report due:
  - **March 1, 2027,** for applications submitted January 2025.
  - **September 1, 2027,** for applications submitted July 2025.
- Final report (one-time, due six months after the award is expended).

If awarded, information on fulfilling the above requirements will be sent under separate cover. Failure to properly report and credit research funded by RPB places the grant at risk of termination.

NOMINATION FORM AND APPLICATION SUBMISSION

Nomination Form: Nomination forms are a requirement. **For the January 10 application deadline, nomination forms are due no later than December 15; for the July 1 application deadline, nomination forms are due no later than June 15**. **Applications received without a prior nomination form will not be accepted.** Complete the nomination form, include the candidate's NIH-style biosketch, and email to MariaClaudia Lora-Montano at mlora@rpbusa.org. Nomination forms should be sent as Word documents only.

Note. The email subject of the nomination form should include **CDA Nomination – School – Candidate Last Name**.

RPB is not responsible for nomination forms submitted with a different email subject.

Application: RPB will accept applications and *most* supporting documentation via the password-protected page on RPB's site that has been established for application submission. Please note only one (1) upload action, with application and all applicable supporting documentation, will be accepted per candidate. This upload must be received **no later than 11:59pm ET on the deadline date.**

- Go to www.rpbusa.org to log in.
- Enter the password: **Research** (not case sensitive)
- Click on the "Upload Grant Application" button to go to the upload form.
- Once you are on the upload form, enter your email address in the "From email" field.
- Upload your application and supporting documentation by browsing for them on your computer using the "Browse" button on the form.
- Use the Message box to add additional information, if any.
- Before clicking "SendThisFile" to send your submission, check that the information is complete.
- Click the "SendThisFile" button to send your application and supporting documentation.

DOCUMENTATION SUBMISSION

The single upload action must include **only two (2)** separate documents:

1. Signed, completed application form, in a <mark>Word</mark> document. – **Make sure ALL SIGNATURES are included!**
2. Supporting documentation: As a **single <mark>PDF</mark>** (not a PDF portfolio), this document must include the below documents **in this order**:

    a. The candidate's NIH-style biosketch; limit five (5) pages. The candidate must adhere to current NIH format and instructions. The biosketch MUST include a link to the candidate's complete list of published work using the reference tool, *My Bibliography*. Please ensure the link works before submitting to RPB.

    b. A statement from the Chair which should include an assessment of the candidate's scientific expertise, a description of the mentoring plan for which the candidate will receive in the department as well as specific information on the candidate's start up package from the department/institution, and how this grant would strengthen the department's eye research program. Describe the candidate's lab space, research endeavors in which the candidate has exhibited scientific initiative and potential for independent research, and the importance and clinical relevance of the candidate's research activities. Statement must be on letterhead, signed, and addressed to "RPB Review Committees." Limit to three (3) pages and font size 10-point or higher.

    c. A detailed scientific statement from the candidate outlining the research and objectives for the next four (4) years. Limit statement to four (4) pages with references included on a fifth page. Entire statement should not exceed five (5) pages. Font size 10-point or higher.

    d. Line-item budget on use of funding, include approximate dollar amounts and descriptions. Include timeline for expenditure of funds. Also, provide a statement of the candidate's role in this specific research project. Limit two (2) pages.

    e. If collaborating with others, list each collaborator and describe his/her role in the proposed research. Limit document to two (2) pages. Font size 10-point or higher.

    f. If collaborating with others, each collaborator must submit a letter of support and commitment to the proposed research. Statement must be on letterhead, signed, and addressed to "RPB Review Committees." Limit each letter to one (1) page. Font size 10-point or higher.

    g. Evidence of IRB review, if applicable. (If application is approved, payment will not be made until an IRB, if applicable, is approved.)

    h. Institution's IRS 501c(3) Letter of Determination or other Federal determination letter and Federal Employment Identification Number.

Recommendation letters are required but should not be included in the application submission upload.

Recommendation letters from three (3) established scientists, mentors, and/or leaders in the candidate's field of interest must be submitted for this application. Letters must be signed on letterhead, in PDF, and addressed to "RPB Review Committees". Subject line of the letter must include candidate's name with degrees, name of nominating school, and "Career Development Award."

Recommendation letters must be sent directly from the referee or his/her office and cannot be attached to the candidate's application submission upload. Recommendation letters will only be accepted via email and must be received at mlora@rpbusa.org no later than 11:59pm ET on the deadline date. Late letters, additional letters, or letters included in the upload will not be accepted.

<mark>Note</mark>. The email subject of the recommendation letter must include **CDA Recommendation Letter – School – Candidate Last Name**.

*RPB is not responsible for recommendation letters submitted with a different email subject.

Materials, including recommendation letters, received after the deadline will not be accepted and will render the submission incomplete. Incomplete submissions are not forwarded to RPB's review committees and are automatically declined. If the deadline falls on a weekend or holiday, applications and supporting documentation will be accepted the first following business day. Do not alter application format. Do not include manuscripts, reprints, or any information not required by RPB. **Notify RPB if there are any changes to the status of major pending grants after the application has been submitted**.

Granting of awards is at the full discretion of RPB; we reserve the right to not make any award, based on the submissions.

Any questions, please contact MariaClaudia Lora-Montano at 646-892-9564 or mlora@rpbusa.org.

APPLICATION PREPARATION

We've included information below to assist you in preparing and completing RPB's Career Development Award Application.

Do not change formatting. Please keep pagination the same. If necessary, abbreviate answers to fit allotted space. Please provide responses in Arial 9 (font/size). Do not change the font/size of the actual questions.

Candidate Information:
➢ Enter Candidate's name; include degrees.
➢ OPTIONAL: To self-identify, please indicate the one box that describes the race/ethnicity category with which you primarily identify, if applicable. This information is voluntary.
➢ Place X to the right of your selection for the following (see example below):   U.S. Citizen   Permanent Resident (Green Card Holder) X
➢ Enter 1st Ophthalmology Faculty Appointment Date as MM/YY.
➢ Enter name of institution and ophthalmology Chair; include degrees.
➢ Enter Candidate's primary and secondary (if applicable) position(s), including academic title(s), department(s) and school.
➢ Enter name of secondary appointment Chair; include degrees (if applicable).

Education:
➢ List baccalaureate through postdoc training; list all fellowships and specialties.
➢ Enter Years as YY-YY. Provide actual years at institution, e.g., 05-09, not total number of years, e.g., 4.

Specialty Field of Proposed Research:
➢ Place X to the right of your selection for the following (see example below):   Anatomy/Pathology/Oncology X   Biochemistry/Molecular Biology   Clinical/Epidemiologic   Cornea   Lens

Title of Proposed Research:
➢ Enter title of proposed research. Do not go beyond allotted space.

Summary of Overall Objectives/Significance/Benefits from Proposed Research:
➢ **Limit response to nine (9) lines or less**.
➢ In layman's terms, summarize overall objectives, significance, benefits from the proposed research; include, clinical relevance, how candidate will contribute to program, and four-year research goal. Do not duplicate biosketch information or Chair statement.

Time Devoted to Research as Opposed to Other Academic Duties:
➢ Include percentage of time devoted to research.

Onsite Mentors:
➢ If applicable, list up to three onsite mentors, including degrees, titles and departments.

Letters of Recommendation:
➢ List individuals submitting recommendation letters, including degrees, titles, departments, and schools.

For RPB Use Only:
➢ This section is for RPB Use Only. **DO NOT ENTER ANY INFORMATION.**

Current NEI Support as Principal Investigator (PI) or Multiple PI:
➢ **Indicate no-cost extensions with an asterisk (*), e.g., 23-27*.**
➢ Specify Source.
➢ Specify Type, e.g., K08, K23, K99, etc.
➢ Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 23-27, not total number of years, e.g., 4.

Current NIH Support (other than NEI) as Principal Investigator (PI) or Multiple PI:
➢ **Indicate no-cost extensions with an asterisk (*), e.g., 23-27*.**
➢ Specify Source.
➢ Specify Type, e.g., K05, K21, etc.
➢ Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 23-27, not total number of years, e.g., 4.

NIH Support as Principal Investigator (PI) or Multiple PI Terminated Within Past Three Years:
➢ Include all NIH support.
➢ Specify Source.
➢ Specify Type, e.g., K08, etc.
➢ Enter Total Grant Amount (include direct and indirect costs). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 21-23, not total number of years, e.g., 2.

Current Grant Support (other than NIH and NEI) as Principal Investigator (PI) or Multiple PI:
➢ **Indicate no-cost extensions with an asterisk (*), e.g., 23-27*.**
➢ Specify Source.
➢ Specify Type, if applicable.
➢ Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 23-27, not total number of years, e.g., 4.

Pending Grant/Renewal Support (all) as Principal Investigator (PI) or Multiple PI:
➢ **Notify RPB of any status change to this listing after submitting application**.
➢ Specify Source.
➢ Specify Type, e.g., K08, R01, R21, etc.
➢ Enter Total Grant Amount (include direct and indirect costs). Total Grant Amount should reflect the entire grant period.
➢ Enter Years as YY-YY. Provide actual years of grant, e.g., 24-26, not total number of years, e.g., 2.

Current Time Commitment:
➢ Include time commitment percentage to each responsibility.
➢ If applicable, specify Other responsibilities such as administrative, volunteer efforts, etc.
➢ Must total 100%.

Anticipated Use of RPB Funding:
➢ Include percentage and description. Use brief descriptions, e.g., salary supplement for PI; partial salary for assistants; equipment; consumables; etc.
➢ Must total 100%

IRB Approval:
➢ Indicate if the Candidate is working with human subjects.
➢ If applicable, indicate if the Candidate has secured IRB approval.

Overlap:
➢ In relation to the proposed research in this application, indicate Yes or No to any overlap issues with current and/or pending awards/grants:
➢ **Scientific**: Scientific overlap occurs when substantially the same research is proposed in more than one application; or is submitted to two or more different funding sources for review and funding consideration; or a specific research objective and the experimental design for accomplishing that objective are the same or closely related in two or more pending applications or awards, regardless of funding source.
➢ **Budget**: Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salary) are requested in an application but are already funded by another source.
➢ **Commitment**: Commitment overlap occurs when any project-supported personnel have time commitments (i.e., percent effort) exceeding 100%, regardless of how the effort/salary is being supported or funded.
➢ If Yes for any of the above, explain the overlap issues in the space provided.

Distinguish Current and/or Pending Funding:
➢ Though no overlap may be noted above, please distinguish the proposed research in this application with any current and/or pending awards/grants which the reviewers **could** consider as similar.
➢ If applicable, explain in the space provided.

Agreement:
➢ Complete appropriate section, either Recruitment Candidates or Faculty Member Candidates.
➢ Place X to the right of your selection for the following (see example below):

   Candidate's lab will be under the jurisdiction of the Ophthalmology Department: Yes X   No
   Will recruitment take place without RPB support?   Yes X   No
   Tenure Track: Yes   No X
   A promotion is scheduled: Yes   No X

➢ Provide proposed title after promotion.
➢ Enter MM/YY for Promotion Date.
➢ Chair and Candidate to sign appropriate section.

Contact Information:
➢ Enter contact information for Candidate; include degrees.
➢ Enter contact information for ophthalmology Chair; include degrees.
➢ Enter contact information of Research Grant Administrator responsible for RPB applications. Include address if different than Chair's and include degrees.
➢ Enter contact information for Ophthalmology Director of Research, include degrees.

NIH-STYLE BIOSKETCH FORMAT AND SAMPLE

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields, including ongoing and completed research projects from the past three years that you want to draw attention to (previously captured under Section D. Research Support).

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include, but are not limited to, audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. **Note:** interim research products have specific citation requirements.

Note the following additional instructions for ALL applicants/candidates:
- If you wish to explain factors that affected your past productivity, such as family care responsibilities, illness, disability, or military service, you may address them in this "A. Personal Statement" section.

- Indicate whether you have published or created research products under another name.

- You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this Biosketch or application.

- Figures, tables, or graphics are not allowed.

B.   Positions, Scientific Appointments, and Honors

List in reverse chronological order all current positions and scientific appointments both domestic and foreign, including affiliations with foreign entities or governments. This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary). High school students and undergraduates may include any previous positions. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:
- Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.

- Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C.   Contributions to Science

Who should complete the "Contributions to Science" section:
All senior/key persons should complete the "Contributions to Science" section except candidates for research supplements to promote diversity in health-related research who are high school students, undergraduates, and post-baccalaureates.

Format:
Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

While all applicants may describe up to five contributions, graduate students and postdoctorates may wish to consider highlighting two or three they consider most significant.

Content:
For each contribution, indicate the following:
- The historical background that frames the scientific problem;

- The central finding(s);

- The influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and

- Your specific role in the described work.

- Figures, tables, or graphics are not allowed.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution. Research products can include audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. Note: interim research products have specific citation requirements.

You may provide a hyperlinked URL to a full list of your published work. This hyperlinked URL must be to a Federal Government website (a .gov suffix). NIH recommends using *My Bibliography*. Providing a URL to a list of published work is not required.

Descriptions of contributions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication. These contributions do not have to be related to the project proposed in this application.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc1

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	BS	05/2003	Psychology
University of Vermont	PHD	05/2009	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/2013	Public Health and Epidemiology

A. Personal Statement

I am an Associate Professor of Psychology, and my research is focused on neuropsychological changes associated with substance use disorders. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of substance use disorders. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to older people with substance use disorders, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2015-2016, my career was disrupted due to family obligations. However, upon returning to the field, I immediately resumed my research projects and collaborations and successfully competed for NIH support. In summary, I have the expertise, leadership, training, expertise, and motivation necessary to successfully carry out the proposed research project.

Ongoing and recently completed projects that I would like to highlight include:

R01 DA942367
Hunt (PI)
09/01/16-08/31/21
Health trajectories and behavioral interventions among older people with substance use disorders

R01 MH922731
Merryle (PI), Role: co-investigator
12/15/17-11/30/22
Physical disability, depression, and substance use among older adults

Fall 2025

R21 AA998075
Hunt (PI)
01/01/19-12/31/21
Community-based intervention for alcohol abuse

Citations:

1. Merryle, R.J. & **Hunt, M.C.** (2015). Independent living, physical disability and substance use among older adults. Psychology and Aging, 23(4), 10-22.
2. **Hunt, M.C.**, Jensen, J.L. & Crenshaw, W. (2018). Substance use and mental health among community-dwelling older adults. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
3. **Hunt, M.C.**, Wiechelt, S.A. & Merryle, R. (2019). Predicting the substance use treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: PMC9162292
4. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorder. Age and Aging, 38(2), 9-23. PMCID: PMC9002364

B.   Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2021– Present	Associate Professor, Department of Psychology, Washington University, St. Louis, MO
2020 – Present	Adjunct Professor, McGill University Department of Psychology, Montreal, Quebec, Canada
2018 – Present	NIH Risk, Adult Substance Use Disorder Study Section, member
2015 – 2017	Consultant, Coastal Psychological Services, San Francisco, CA
2014 – 2021	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2014 – 2015	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2014 – Present	Board of Advisors, Senior Services of Eastern Missouri
2013 – 2014	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2011 – Present	Associate Editor, Psychology and Aging
2009 – Present	Member, American Geriatrics Society
2009 – Present	Member, Gerontological Society of America
2009 – 2013	Fellow, Intramural Research Program, National Institute on Drug Abuse, Baltimore, MD
2006 – Present	Member, American Psychological Association

Honors

2020	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society
2019	Excellence in Teaching, Washington University, St. Louis, MO
2018	Outstanding Young Faculty Award, Washington University, St. Louis, MO

C. Contributions to Science
1. My early publications directly addressed the fact that substance use is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging concerns about a substance use disorder. These publications document this emerging concern and guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the behavior, and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for older adults with substance use disorders and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.

a. Gryczynski, J., Shaft, B.M., Merryle, R., & **Hunt, M.C.** (2013). Community based participatory research with late-life substance use disorder. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
b. Shaft, B.M., **Hunt, M.C.**, Merryle, R., & Venturi, R. (2014). Policy implications of genetic transmission of alcohol and drug use in women who do not use drugs. International Journal of Drug Policy, 30(5), 46-58.
c. **Hunt, M.C.**, Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2015). Early-life family and community characteristics and late-life substance use. Journal of Applied Gerontology, 28(2),26-37.
d. **Hunt, M.C.**, Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2018). Community-based intervention strategies for reducing alcohol and drug use in older adults. Addiction, 104(9), 1436-1606. PMCID: PMC9000292

2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older people with substance use disorders and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of substance use disorders and the disruptive potential of networks in substance use treatment. This body of work also discusses the prevalence of alcohol and amphetamine use in older adults and how networking approaches can be used to mitigate the effects of these disorders.

a. **Hunt, M.C.**, Merryle, R. & Jensen, J.L. (2015). The effect of social support networks on morbidity among older adults with substance use disorders. Journal of the American Geriatrics Society, 57(4), 15-23.
b. **Hunt, M.C.**, Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2018). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
c. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorders. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364

3. Methadone maintenance has been used to treat people with substance use disorder for many years, but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Older adults were shown, in carefully constructed ethnographic studies, to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.

a. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among older adults with substance use disorders. Journal of the Geriatrics, 60(4), 45-61.
b. **Hunt, M.C.** & Pour, B. (2015). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
c. Merryle, R. & **Hunt, M.C.** (2018). The use of various nicotine delivery systems by older people with nicotine use disorder. Journal of Aging, 54(1), 24-41. PMCID: PMC9112304
d. **Hunt, M.C.**, Jensen, J.L. & Merryle, R. (2020). Aging and substance use disorder: ethnographic profiles of older people with substance use disorder. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:
https://www.ncbi.nlm.nih.gov/myncbi/1lCifFFV4VYQZE/bibliography/public/

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d. **Hunt, M.C.**, Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2018). Community-based intervention strategies for reducing alcohol and drug use in older adults. Addiction, 104(9), 1436-1606. PMCID: PMC9000292

2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older people with substance use disorders and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of substance use disorders and the disruptive potential of networks in substance use treatment. This body of work also discusses the prevalence of alcohol and amphetamine use in older adults and how networking approaches can be used to mitigate the effects of these disorders.

a. **Hunt, M.C.**, Merryle, R. & Jensen, J.L. (2015). The effect of social support networks on morbidity among older adults with substance use disorders. Journal of the American Geriatrics Society, 57(4), 15-23.
b. **Hunt, M.C.**, Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2018). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
c. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorders. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364

3. Methadone maintenance has been used to treat people with substance use disorder for many years, but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Older adults were shown, in carefully constructed ethnographic studies, to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.

a. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among older adults with substance use disorders. Journal of the Geriatrics, 60(4), 45-61.
b. **Hunt, M.C.** & Pour, B. (2015). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
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